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AUTHOR	Wood, Mary Margaret
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ABSTRACT

Documented are staff training programs at the Rutland Center, a community-based mental health facility combining professional mental health and special education personnel in a cooperative program of psychoeducational service to seriously emotionally disturbed or behaviorally disordered children. The report describes the process of planning and the actual activities conducted during the planning year in five specific areas of training: staff training, college student training, volunteer training, paraprofessional training, and parent training. Schedules, forms, or other supplementary materials used in training are included for each area. (KW)

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EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN

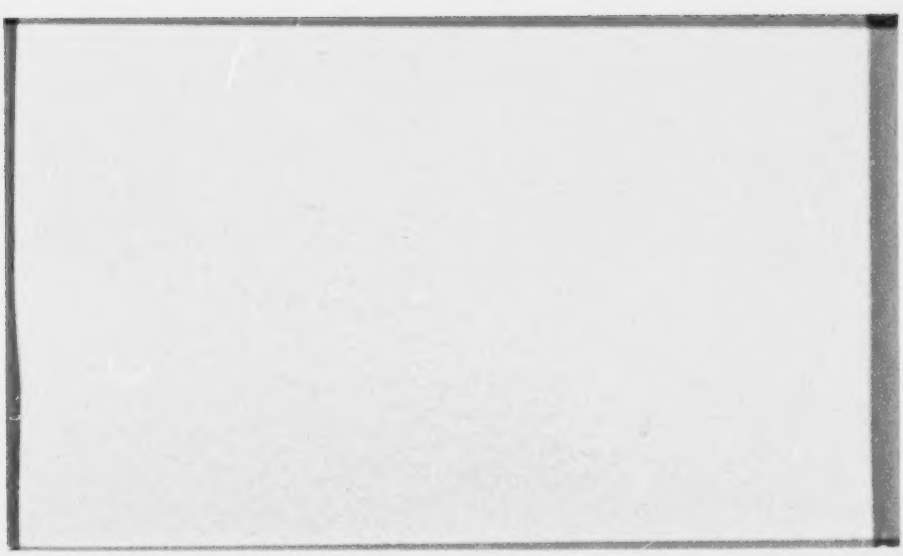
THE DEPARTMENT OF SPECIAL EDUCATION

THE UNIVERSITY OF TEXAS AT AUSTIN

STAFF TRAINING

A PROTOTYPE

EC 041 664



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Staff Training of Exemplary Early Childhood Education Centers for Handicapped Children

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THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

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Jasper Harvey
Project Director

Anne H. Adams
Associate Director

P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

RUTLAND CENTER

by

Mary Margaret Wood

Project Director
Associate Professor of Special Education
University of Georgia

Vol.II No.10

The project presented or reported herein was performed pursuant to a Grant from the U. S. Office of Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education, and no official endorsement by the U. S. Office of Education should be inferred.

ABSTRACT

Rutland Center is a community-based facility in Athens, Georgia which combines professional mental health and special education personnel in a cooperative program of psychoeducational service to seriously emotionally disturbed or behaviorally disordered children. It is a joint project of the Athens-Clarke County Public Health Department Mental Health Clinic for Children, the Clarke County School System, the Division for Exceptional Children of the University of Georgia, and community agencies. Further support through a grant to the University of Georgia from the U. S. Office of Education, Bureau of Education for the Handicapped, under the Handicapped Children's Early Education Assistance Act, P. L. 91-230, Part C, established a preschool service for infants and children, ages 0-7.

Rutland Center's major goal is to decrease severe emotional and behavioral disorders of children through community-based comprehensive mental health service, neighborhood followthrough, and a psychoeducational process known as Developmental Therapy. During 1970-71, Rutland Center planned and developed programs in six specific components: Service to Infants and Children; Service to Parents; Training; Program Development in other areas of the State; Curriculum; and Evaluation.

This prototype documents the Training Component process during the planning grant year for the preschool project. During this year, a small pilot program with eighteen preschool disturbed children was conducted concomitantly with planning.

Rutland Center staff members who have taken active parts in planning and implementing the training component for the Preschool Project include:

Mrs. Laura Levine, A.C.S.W., Coordinator of Social Work Services

Miss Patricia McGinnis, M.Ed., Coordinator of Educational Services

Miss Bonnie Mailey, Ed.D., Coordinator of Educational Field Services

Dr. Carl J. Huberty, Coordinator of Evaluation

Dr. John P. Quirk, Coordinator of Psychological Services

Mr. William W. Swan, Mrs. Mary Beussee and Mrs. Faye Swindle, members of the Evaluation Team

RUTLAND CENTER

TRAINING DURING THE PLANNING YEAR

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Rutland Center

TRAINING DURING THE PLANNING YEAR

Chapter One

INTRODUCTION

Planning for the training component at Rutland Center was conducted in five subareas: staff training, college training, volunteer training, paraprofessional training, and parent training. This report documents the process of planning for each of these training programs as well as reporting actual activities conducted. The five subareas of the training component were seen as having certain common elements as well as certain characteristics unique to each specific area. The Project Director serves as Coordinator of Training.

The major emphasis in September was a general orientation to the Rutland Center project objectives. It became evident early in October that before effective and meaningful training programs could be outlined, the basic material for Developmental Therapy needed to be formalized and prepared with some reasonable degree of detail and specificity. It also became clear that there were common elements of Developmental Therapy which could be utilized by all individuals, professional or non-professional including secretaries, custodian, consultants, paraprofessionals and volunteers. The staff suggested that a Universal Training Program (UTP) be designed as a core for all training and orientation. Such a UTP was developed during the planning year with branching tracks to provide varying type of follow-up training for each of the five subareas of training. The core UTP, based

upon the Developmental Therapy treatment approach, emerged as a one week intensive introduction to the Center, the treatment model, interpersonal relationships, curriculum, planning the treatment program, and basic child development information. Training slides, movies, audiotapes, and representative case materials were collected during the year to be used for the UTP. It was planned that following the week long UTP, to be conducted during the summer, training programs would branch for year-long programs designed to meet various role responsibilities.

No complete pilot testing of the UTP training program was accomplished during the planning year. The training guide will be completed and available, late in the Spring of 1971. Each of the training programs in the five subareas set as its major objective the accomplishment of a plan for specific training needs by June, 1971. Some pilot testing within each training subarea was conducted throughout the planning year. However, an intensive evaluation and implementation of these various training programs is not anticipated to begin before September 1, of the second grant year. The following sections present a summary account of the planning activities in each of the five subareas of training.

Chapter Two

STAFF TRAINING DURING THE PLANNING YEAR

September Preservice Orientation

The Preservice staff training included orientation to the Center objectives and to the various project objectives within the Center. Because this was an entirely new program, considerable effort had to be put into working out job descriptions, roles, lines of communication, and areas of authority. All staff met on a regular weekly basis to consider problems related to service to children and on a monthly basis to update and integrate all of the project components. Staff of each component area met two to three times per week in both scheduled and informal sessions. All materials prepared for any component were circulated to each member of the staff as a means of enhancing staff communication. An outline of the staff orientation program during September is found on pages 15, 16 and 17.

October, November, December: In-Service Staff Training

The monograph by Fred W. Kirby, from The University of Texas at Austin Staff Training Project for Exemplary Childhood Centers, An Administrator's Suggestions for a Sample Staff Training Program Sequence in an Early Childhood Education Center for Handicapped Children, Distinguished Monograph Series Vol. 1, No. 2, was used as an outline for planning staff training needs. From that monograph the following content and program hours were developed and implemented.

I. Hours concerning normal preschool development:

Child Development Workshop: 16 hours

Miss Glenna Bullis, consultant, presented a series of demonstrations and seminar discussions of assessment and parent counseling techniques focussing upon children from the ages of 3 months to 5 years. Because Miss Bullis is a nationally know specialist in this area, with skill in both the areas of abnormal and normal development, this workshop provided an excellent baseline for the staff.

A copy of the agenda for Miss Bullis' workshop is found on page 18.

II. Hours concerning normal preschool curriculum:

Curriculum workshops:

Language arts and reading readiness:	2 hours
Arithmetic and creative experiences:	2 hours
Art, music, dance:	2 hours

Dr. Laura Fortson, consultant in preschool curriculum, presented three afternoon workshops using materials prepared by and for normal preschool youngsters. Dr. Fortson brought examples of current children's literature, showed slides, explained techniques and procedures and gave the staff lists of materials.

III. Hours concerning current program trends with normal preschool children:

25 hours (three days for seven staff members; four hours, all staff seminar)

Three preschool staff members and four state project staff members working in the preschool program were sent to the National Association for the Education of Young Children in Boston. These members were sent with specific assignments to cover current trends in early childhood education and child development. They were asked also to consider ways that these national trends and programs had relevance for Rutland Center. Each member of the staff critiqued each session they attended, and these reports were compiled and circulated to all members of the staff. Two two-hour seminars were held at Rutland Center following this visit for all staff (professional, non-professional, volunteers). These seminars involved discussion of the reports and questions concerning their relevancy to the Rutland Center program.

It was the concensus of the members of the Rutland Center staff attending the NAEYC in Boston that Rutland Center program and projects were very much on the front line of activities seen as relevant nationally and particularly in delivery of services to disturbed children. All members returned with a feeling of satisfaction concerning the directions which Rutland Center had projected and a new determination to implement those aspects of the program which we felt were significant.

IV. Hours concerning planning for program objectives with the evaluation team:

September, 12 hours (full staff and evaluation team)

October, 8 hours (full staff and evaluation team)

November, 10 hours (various staff groups)

December, 6 hours (various staff groups)

Formal meetings which the Evaluation Team were involved in during the period January 1 through March 31, 1971 are as follows:

Meetings with Center staff in which Evaluation Team had an active part: 13

The general content of these planning meetings is outlined below:

1. .Educational, psychological, and psychiatric evaluations
   .Revision of monthly summary sheet
   .Description of child being treated
   ."Tentative diagnosis" concensus
   .Grouping criteria
   .Demonstration and dissemination discussion

2. .Educational objectives -- focus, guidelines, core

3. .Draft of observational instrument
   .Status of educational objectives
   .Content of Dr. Huberty's CEC paper
   .Site visit scheduling
   .Reorganization of intake procedures discussion
   .Demonstration and dissemination discussion

4. .Grouping procedures
   .Behavioral and clinical data collection

5. .Grouping criteria
   .Site visit preparation

6. .AERA Convention feedback
   .Refunding proposal
   .RFCL inter-rater reliability
   .Behavioral instrument

7. .Refunding proposal
   .Internal and external evaluation
   .Documentation of goal effectiveness

8. .Demonstration and dissemination discussion
   .Rating children via representative objectives

9. .Organization of data dealing with social work and evaluation components

10. .Rating of children using representative objectives
    .IBM coding of description of children
    .Monthly form revision status

11. .Social work casework procedures

12. .Rating of children on representative objectives and discrepancies between teacher and monitors
    .Advantages of rating children on representative objectives and procedures relating to this
    .Dr. Quirk's clinical instrument

13. .Schedule for spring quarter (teachers and evaluation team) insofar as evaluation is concerned

Meetings involving Evaluation Team only: 4 (component planning)

Special meetings: 1 (with Dr. Scott Curtis of the University of Georgia Special Education Department, re: video taping)

Staff meetings which Evaluation Team sat in on: 6 (to further familiarize themselves with the treatment program)

One member of the Evaluation Team attended a pre-session training program on measurable objectives at the AERA Convention in New York (January 30 - February 4), and the Coordinator of Evaluation attended the USOE/BEH Training session for program evaluation in St. Louis and the Nonparametric Pre-session of the AERA convention as well as the convention itself. These sessions provide

invaluable assistance to the teachers and staff in preparing and using measurable objectives during the winter and spring of 1971.

The Coordinator of Educational Services visited the Frank Porter Graham Center, Chapel Hill, North Carolina, on April 13 where she observed the preschool program and met with research associates concerning observational instruments.

The Project Director attended a USOE/BEH Project Director's meeting in October and reported program content to all staff. This meeting helped staff to refine general project direction and to tighten up procedures.

Thirteen staff members and consultants were sent to the annual CEC Convention in Miami Beach. Seven of these presented papers and audio-visual material on the Rutland Center project. This presentation also served as a form of evaluating the audio-visual materials which are to become a part of the UTP during the second year.

V. Hours concerning specific training in Developmental Therapy Techniques:

October, 6 hours
November, 8 hours
December, 3 hours
January, 16 hours
February, 12 hours
March, 18 hours
April, 20 hours (two full day workshops)

These specific training sessions were conducted by Miss Patricia McGinnis, Rutland Center Coordinator of

Educational Services, and Dr. John Quirk, Rutland Center staff psychologist, for the purposes of refining the techniques used by the teachers with the children. During this time the formal Developmental Therapy process was being defined, parallel to the imput with the teachers. The topics covered in these specific training sessions included:

.Clinic policies

.Importance of coordination of school (clinic) program and social work program in home

.Room arrangements and needs of children

.Curriculum focused on individual needs

.Working with Parents and conducting Parent Conferences

.Working with Teachers and conducting Teacher Conferences

.How to more effectively report progress on children

.How to improve communication between Clinic Teacher and regular Teachers

.How to work with interns in Special Education program What is our role?

.Management Sessions (each separate session)
Transition (between activities and classes)
Behavioral Controls
Structure
Consistency, Followthrough
Verbalizing
Life Space Interview

.Dealing with aggressive children

.Dealing with passive aggressive children

.Termination Procedures (at end of treatment period)

.Interpersonal feelings of clinic school staff

Two all day sessions were held the first week in January on Developmental Therapy at which time staff members, new graduate students, volunteers and the paraprofessional trainee all participated. The agenda included the following topics:

.Academics and its use in the clinic classroom

.Arithmetic programming and Individualization

.Ways to use Reading, (also demonstration of new equipment, Language Master and Peabody Language Kit)

.Curriculum and Developmental Therapy

.Workshop on Curriculum Guide

VI. Hours in planning and development of a staff monitoring process

During the entire fall, members of the staff worked to develop a monitoring system which would do several things: (1) provide immediate situational feedback to the therapist in the classroom, (2) provide evaluation and interaction analysis data for process documentation, (3) assist in the staff training process, and (4) provide a sensitive process for detecting sudden and rapid changes in children.* A Staff Feedback Report identified the monitoring system as the only item unanimously marked "yes" (needed) by the entire Rutland Center staff. The acceptance of this monitoring system is seen as a reflection of the professional orienta-

*Rapid program modification based upon change in the children is a basic treatment premise of Developmental Therapy.

tion of the staff to the procedure as a part of the treatment process.

Planning continued during January to establish and formalize the process for monitoring. As was anticipated, the monitoring plan took several forms during the year as we experimented with several variations of it. Pilot testing was conducted daily between January and June.

VII. Hours spent in updating staff on project activity

September, 4 hours
October, 2 hours
November, 2 hours
December, 2 hours
February, 10 hours
March, 2 hours
April, 2 hours

In addition to the monthly staff meeting for purposes of project updating, the staff received a bi-monthly component report prepared by the chairman and staff members of each component activity. The Staff Feedback Report indicated that generally speaking, staff members felt fairly well updated on project activities, and it is the feeling of the Project Director that the bi-monthly component reports, prepared in mimeographed form and circulated to every member of the staff, gives staff members a view of the activities being conducted in components other than their own. This is felt to be an essential part of the staff training. Without such circulation, staff members get involved in one component area and have no way of being updated on the project activities of the other component.

The Staff Feedback Form was used in December and again in June. Each member of the staff, whether part time or full time, professional or non-professional, was asked to respond. The Staff Feedback Form is included on pages 21, 22, 23 and 24.

Summary of Midyear Staff Training Recommendation

The major recommendations for staff training made in December by the staff for trial during January to June, were as follows: (1) Each preschool staff member felt that he should have one day a month in observation at a normal preschool facility. Arrangements for this were made at the University Infant Center, at Model Cities Day Care Programs, at the Public School Preschool Program and with private nurseries in the city. The staff felt that one of the most difficult situations for the educational therapist was on-the-spot determination of whether a child's behavior was normal or representing a manifestation of pathology. They felt that with an ongoing baseline of normal behavior they could become more sensitized and more efficient in making this discrimination. (2) The staff felt that there needed to be greater communication between social workers and educational therapists. An outgrowth of this recommendation developed into the decision on the part of the social work staff to participate in a ten-week training period in the supportive teacher role in the therapeutic classroom. (3) All teachers felt the need to observe

their own group, through the one-way mirror. This distance seems invaluable and was implemented on a once-a-month basis.

APPENDIX TO
CHAPTER TWO

STAFF TRAINING

RUTLAND CENTER
Schedule for Staff Orientation
September, 1970

Tuesday, Sept. 1 - 9:00 - 10:30	1. Informal tour of new building: Bonnie Mailey 2. Get acquainted, coffee
10:30 - 12:00	All staff meeting: administrative details
1:30 - 4:00	All staff meet: 1. Overview of State Projects Aims: Peggy Wood 2. Overview of Evaluation component: Carl Huberty, Bill Swan, Mary Beussee 3. Group assignment: help with operational definitions of referral sheet
Wednesday, Sept.2 - 9:00 - 12:00	All staff meet, continuation of work on evaluation component
1:30 - 4:00	All staff meet with Patsy Coleman, John Quirk, Bonnie Mailey, Laura Levine 1. Inventory existing materials, supplies and equipment 2. Review building and room functions related to possible groups 3. Staff needs to help with finishing details of building. List suggestions and areas of work to be done with Patsy Coleman.
Thursday, Sept. 3 - 9:00 - 12:00	A. Neighborhood Followthrough group meeting with Dr. Levine, Laura Levine, Peggy Wood, John Quirk. B. All teachers continue meeting with Patsy Coleman 1. Continue any unfinished discussion regarding referrals. 2. Continue any unfinished discussion regarding building and equipment. 3. Review referrals to date (overview of cases on waiting list; evaluations pending; carryover cases).

1:30 - 4:00
A. Social Work Meeting and John Quirk
B. Teacher work groups: develop request list for supplies, materials, orders, etc., by age groups.

Friday, Sept. 4 - 9:30 - 10:30
All Staff: tour of Comprehensive Community Mental Health Facility, Athens General Hospital.

10:30 - 12:00
Individual or group planning time.

1:30 - 3:30
All staff meet for updating on project progress.

4:00 -
Mrs. Coleman, Mrs. Hiley visit to St. Joseph's Residential Treatment Center.

Monday, Sept. 7 - Labor Day - HOLIDAY

Tuesday, Sept. 8 - 9:00 - 11:00
All staff meet; continuation of work on Evaluation Component.

1:00 - 4:00
A. All teachers meet with Patsy Coleman, Peggy Wood, Laura Levine, County School Personnel.
1. Scheduling educational evaluations for referrals pending.
2. County Assignments made and discuss roles and responsibilities in these counties.
B. All other staff: individual planning time.

Wednesday, Sept. 9 ALL DAY
All teachers visit their counties, meet personnel, become acquainted with school, procedures, available resources, etc.

Infant evaluation and neighborhood followthrough staff meeting. Head Start Tour beginning at 10:00 at Child's Street Center to meet key personnel in this agency and get orientation to procedure.

Thursday, Sept. 10 - 9:00 - 10:30
A. Teachers meet with John Quirk, Peggy Wood, Patsy Coleman regarding county work.

B. All other staff: Individual or small group planning. Final day for submitting requests for materials, equipment, etc.

Friday, Sept. 11 — Individual and small group meeting or planning. Some individual diagnosis and intake appointments.

Monday, Sept. 14 — Schedule individual diagnosis and intake appointments.

Tuesday, Sept. 15 ALL DAY — First total project conference -- all participating community agencies (detailed agenda later) including AJA Volunteers.

Wendesday, Sept. 16 —
A. Neighborhood Followthrough Team visits Well Baby Clinic.
B. Individual work day. Dr. Flanagan will be here. All components meet with him. (detailed schedule later)

Thursday, Sept. 17 WORK DAY
10:00 - 12:00 — Teachers visit their counties all day. AJA Volunteer Meeting with Patsy Coleman, Anne Williams, Laura Levine, Peggy Wood, John Quirk.

Friday, Sept. 18 — Schedule intake, diagnosis, small group planning, conferences, etc.

Monday, Sept. 21 - 9:00 - 11:00
1:30 - 4:30 — (Regular Center Schedule to begin) First three preschool classes begin. Total staff meeting for final planning groups, therapy, etc.

Monday, Sept. 28 FULL OPERATION

October 5, 1970

TO: Rutland Center Staff
Graduate Students--E. D. Program

RE: Demonstration of the Gesell
Developmental Schedules

Miss Glenna Bullis, who worked with Dr. Arnold Gesell for many years and who co-authored several books with him, is going to be available to demonstrate the use of the Gesell Developmental Schedule.

Miss Bullis will give training demonstrations at the Rutland Center, Room 8, according to the following schedule.

Date	Time	Age of Child
Tues. Oct. 27	9:30 a.m.	3 mo.
	2:00 p.m.	6 mo.
Wed. Oct. 28	9:30 a.m.	9 mo.
	2:00 p.m.	11 mo.
Thur. Oct. 29	9:30 a.m.	1 yr.
	2:00 p.m.	2 yrs.
Fri. Oct. 30	9:30 a.m.	3 yrs.

On Friday afternoon, Oct. 30, there will be a staffing to discuss the demonstrations.

Mary M. Wood

MEMORANDUM

TO: Rutland Center Staff
Faculty, Graduate School of Social Work, University of Georgia
Faculty, E.D. Area, University of Georgia, Division for Exceptional Children

RE: Consultant in Field Instructional Technique, Video Tape

On Tuesday, January 5, 1970, Miss Frances C. McGrath, Associate Professor, Department of Pediatrics (Social Work), University of Miami Medical School, Mailman Child Development Center, University of Miami will present innovative techniques used in training for social work services in a multi-disciplinary child development center. Miss McGrath will show a video tape illustrating the techniques she describes.

This informtion should be extremely useful to Rutland Center and the University programs concerned with innovative and meaningful techniques for training in a service center, with particular reference to utilization and development of audio-visual materials.

Miss McGrath's presentation will be held in Room 501, Journalism Building on campus, at 9:30 A.M. There will be an opportunity for discussion.

Laura K. Levine
Clinic Director

David L. Levine
Social Work Consultant

Mary M. Wood
Project Director

April 5, 1971

TO: Teachers, Interns, Social Workers in Classes

FROM: Patsy McGinnis

RE: Curriculum Workshop--Friday, April 9
Monday, April 12

To help develop curriculum that will be most beneficial to children here at the clinic, sessions focusing on specific areas have been planned for Friday and Monday.

April 9

9:30 - 10:30 Academics and its use in the clinic classroom
Patsy McGinnis

10:30 - 11:30 Arithmetic programming and Individualization
Karent MacDonough

1:30 - 2:30 Ways to use Reading, (Also demonstration of new equipment, Language Master and Peabody Language Kit)

NOTE: Teachers: All objective checklist due by 4 o'clock.

April 12

9:30 - 11:30 Curriculum and Developmental Therapy
Riki Bolster

Workshop on Curriculum Guide
Dr. Wood

RUTLAND CENTER

Staff Feedback December 18, 1970

Please give us your reactions to the following questions and add other comments you may wish to make. This feedback will be used to help plan for increased project* effectiveness and for improvements in staff working conditions.

This information will be summarized at our first staff meeting in January.

1. Do you feel, in general, that you are able to accomplish what you want professionally under the present work assignments?

   Yes _____ No _____ Comment/Suggestion _____

   _____

2. Do you feel, in general, that your present work load is too heavy?

   Yes _____ No _____ Comment/Suggestion _____

   _____

3. Do you feel that the physical arrangements, equipment and supplies are adequate for you to accomplish what you want professionally?

   Yes _____ No _____ Comment/Suggestion _____

   _____

4. Do you feel that there are too many activities to participate in outside of your particular area of effort (e.g., evaluation staff, meetings, workshops, etc.)?

   Yes _____ No _____ Comment/Suggestion _____

   _____

5. Do you feel that you have received adequate information and have an understanding of the project's goals?

   Yes _____ No _____ Comment/Suggestion _____

   _____

*"project" refers to the State and Preschool projects.

6. Do you feel that your job description, stated at the time of job acceptance, was accurate?

   Yes _____ No _____ Comment/Suggestion _____

   _____

7. Do you feel that the project is generally moving in the direction you had anticipated when you accepted a position with the project?

   Yes _____ No _____ Comment/Suggestion _____

   _____

8. Do you feel that there is the correct balance in the number of staff members for each area of effort, e.g., secretaries, teachers, social workers, evaluators, program monitors, psychologist, psychiatrists, directors?

   Yes _____ No _____ Comment/Suggestion _____

   _____

9. Do you feel that you are kept sufficiently informed of project progress?

   Yes _____ No _____ Comment/Suggestion _____

   _____

10. Do you feel that you have made a contribution to the project, to date?

    Yes _____ No _____ Comment/Suggestion _____

    _____

11. Do you feel that there is adequate opportunity for you to make suggestions and contribute to the projects' output in your particular area of effort?

    Yes _____ No _____ Comment/Suggestion _____

    _____

12. Do you feel that there is adequate opportunity for you to make suggestions and contribute to the project output in other areas of the projects?

    Yes _____ No _____ Comment/Suggestion _____

    _____

13. Do you feel that the project is using an equitable pay scale for all personnel within the projects?

Yes _____ No _____ Comment/Suggestion _____

_____ _____

14. Do you feel that project pay scales are competitive with salaries nationally?

Yes _____ No _____ Comment/Suggestion _____ _____

_____

15. Do you feel that the monitoring system is needed?

Yes _____ No _____ Comment/Suggestion _____

_____

16. Rate the following topics:

	system working well---				---not working well system
staff cohesiveness	1	2	3	4	5
staff communication	1	2	3	4	5
service to children	1	2	3	4	5
service to parents	1	2	3	4	5
community relations	1	2	3	4	5
neighborhood followthrough	1	2	3	4	5
school liaison	1	2	3	4	5
county school work	1	2	3	4	5
dissemination of the model	1	2	3	4	5
staff training	1	2	3	4	5
volunteer program	1	2	3	4	5
aide/paraprofessional training	1	2	3	4	5

	system working well				system not working well
evaluation component	1	2	3	4	5
outside professional contacts and communication	1	2	3	4	5
secretarial support	1	2	3	4	5
custodial support	1	2	3	4	5
transportation	1	2	3	4	5
record keeping	1	2	3	4	5
intake process	1	2	3	4	5
university relationships	1	2	3	4	5
public school relationships	1	2	3	4	5
surrounding county relationships	1	2	3	4	5

17. Add any additional comments or suggestions here:

Chapter Three

TRAINING OF COLLEGE STUDENTS DURING THE PLANNING YEAR

All graduate students enrolled in the University of Georgia Training Program for Education of Disturbed Children were given an orientation seminar by the Rutland Center Staff (Clinic Director, Neighborhood Social Worker, Project Director, Coordinator of Educational Services, Psychologist). Topics included (a) an introduction to the model; (b) the referral, diagnostic and treatment processes (as formulated to date); (c) confidentiality and ethical responsibilities; (d) importance of public school and other agency relationships; (e) the importance of the family and neighborhood; (f) the roles of the educational therapist; (g) staff relationships, formal and informal.

During the entire planning year students, Center staff, and supervising faculty met at least once a week for student inservice seminars. Topics for discussion are included in copies of student memos on pages 30, 31, 32 and 33.

In addition to students from Special Education observing and participating in practicum, two doctoral students in the University of Georgia school psychology program worked at Rutland Center during Winter Quarter in an advanced practicum. This practicum included testing, staffing, evaluation and program planning; participating and conferring with Rutland Center teachers regarding ongoing child programs; orientation to Developmental Therapy and

psychoeducational procedures.

Negotiations were completed during this planning year with the Graduate School of Social Work at the University of Georgia to establish a social work unit at Rutland Center for social work service and training of social workers in this psychoeducational Center model. The School of Social Work agreed to give Rutland Center a major voice in the selection of the individual serving as field instructor as he is responsible for orienting social work students to the Rutland Center projects and procedures.

Negotiations were completed also with Dr. Richard Graham, Coordinator of the music therapy program at the University of Georgia, for the use Rutland Center as a practicum site for graduate students specializing in music therapy for children. Music therapy graduate students visited Rutland Center during Winter Quarter for observation. In the Spring two graduate students from music therapy were assigned for direct work with children, within the context of Developmental Therapy. This was possible because Dr. Graham and his students developed a music therapy curriculum which would follow the Developmental Therapy curriculum in stages of therapy and areas of curriculum prior to their direct work with children. This may prove to be a significant contribution to the overall curriculum guide in Developmental Therapy.

James Cleary, Division for Exceptional Children, University of Georgia, has been working with graduate students in Special Education to help them see Developmental Therapy from a systems approach.

In his seminar classes with these students, he is attempting to develop a procedure to assist beginning graduate students in stating specific behavioral objectives on a day-to-day basis within the framework of Developmental Therapy.

Major concern of all staff members has been that the training component not get so large that the service and project elements suffer. With the sensitivity of all of the staff to this situation and with the inclusion of graduate students as part of the professional staff, we hope that we can avoid that particular problem.

The Division for Exceptional Children (E.D. area) recently developed specific program goals for their teachers at the Master's degree level. These goals were developed cooperatively by the faculty and the Project Director and seem to apply equally to students in training and to educational therapists on the staff. The goals may become basic to all areas of training at Rutland Center. These goals for Master's degree level teachers are listed below:

1. Understanding own personal values, attitudes, behaviors toward exceptional children.

2. Selecting, administering and interpreting psychoeducational tests (formal and informal).

3. Developing psychoeducational objectives for purposes of individualized, prescriptive programming.

4. Applying Developmental Therapy theory and processes to individual child treatment programs.

5. Selecting, using and evaluating psychodynamic, behavioral and educational processes for individualizing programs within groups of children.

6. Applying instructional technology as a part of the psychoeducational process.

7. Utilizing supervision and monitoring as a means of professional growth.

8. Applying communication and human relations skills to professional relationships.

9. Applying basic psychoeducational processes and skills to varying professional work situations.

APPENDIX TO CHAPTER THREE

COLLEGE STUDENT TRAINING

STUDENT EVALUATION RATING SHEET

DIVISION FOR EXCEPTIONAL CHILDREN
UNIVERSITY OF GEORGIA
M.ED. Program for Teachers of Disturbed Children

Date: _____ Student: _____
Rater: _____

SCALE: 1 - competency is adequate for use in the field; 2 - competency is adequately developed for stage of training; 3 - competency is not adequately developed for stage of training; X - no basis for judgment

__1. Observing - seeing and understanding child's needs, strengths, weaknesses, what makes him comfortable or not, what he values, and total communication (verbal and non-verbal)
COMMENTS:

__2. Evaluating and Assessing - skills and knowledge in selecting and administering formal and informal tests to obtain reliable and valid information for a full assessment of the child.
COMMENTS:

__3. Planning - the ability to plan an effective psychoeducational program based upon the unique needs of each child and one which moves the child toward those chosen goals.
COMMENTS:

__4. Teaching - the ability to present and maintain psychoeducational curriculum in a creative manner which maximizes its effectiveness upon the child.
COMMENTS:

__5. Communicating - the ability to keep accurate, written records and to orally communicate in a meaningful way.
COMMENTS:

__6. Professional Functioning - to deal with parents, administrators professional peers in a meaningful, satisfactory manner.

COMMENTS:

__7. Relating - the ability to establish, with disturbed children, a feeling of warmth, trust, security and respect for their individuality.
COMMENTS:

__8. Self-Starting - the ability to independently initiate action (when appropriate) related to perceived needs, to seek out
COMMENTS:

new methods, and to carry out until judgement dictates change.
COMMENTS:

__9. Self-Monitoring - the ability to be aware of and to evaluate one's own reactions when dealing with others, and to remain open to new insights about one's self coming from within or from others.
COMMENTS:

__10. Self-Adjusting - the ability to be able to adjust and be open to everchanging situations, concepts and developmental personality factors.
COMMENTS:

Amount of time student was observed. (Check one)
Once a day __; 3 X per week __; once a week __;

other _____ (state frequency)

INTERNSHIP EVALUATION FORM

Ratings: Excellent =A
Good =B
Fair =C
Not Acceptable =D

Intern: _____
Date _____
Location: _____
Evaluator: _____
Position: _____

I. CLASSROOM ORGANIZATION (Structure)

__1. Sets consistent and reasonable behavioral and educational limits (provides success experiences)

__2. Units of work well planned (defined and attainable; appropriate length; variety)

__3. Provides feedback concerning academic work

__4. Sets up goals with individual students as well as class

__5. Evaluates works with students in conferences

II. CURRICULUM PRACTICES

__1. Selects meaningful activities and materials appropriate to individual student

__2. Provides new or alternative materials if need arises

__3. Selects learning activities for development in sensory and perceptual-motor areas and readiness for more formal school activities

__4. Sets realistic academic goals in keeping with the student's intellectual and achievement levels

__5. Institutes appropriate developmental and remedial procedures in basic skill areas

III. BEHAVIOR MANAGEMENT (Social Reinforcement)

__1. Assessment of opportunities and limitations existing in teacher-student relationship

__2. Selection and use of positive social reinforcement techniques in an appropriate manner to motivate and control the student and the group

__3. Use of restrictive control technique in maintaining a positive situation for student and group

__4. Skill in evaluating effectiveness of control techniques and motivational techniques

IV. PERSONAL INSIGHTS (Flexibility and Objectivity)

__1. Objective assessment of successful and unsuccessful techniques

__2. Separation of own emotional needs from needs of students

__3. Continual assessment of student's available learning capacities and subsequent modification of educational goals

__4. Accepts student as an individual regardless of skills (problems)

V. Summary and Recommendations for type placement and age level at which Intern would be most successful.

Practicum Progress Report Winter 1971

I have been working with 5 Masters students. My long range goals are the goals of the practicum. (see attached). We have spent two sessions on 1.1. In one Wednesday seminar, we used the lattice to show the core concepts and how they fitted together. The whole Masters group was in on that session.

Another session was given over to Patsy. She discussed the theory and practice of an L.S.I. We then went through each stage of the model to develop a view of how an L.S.I. was related to each of the systems in the D.T. model, and to each of the sequences within a system at a given stage.

Currently, the students with whom I am working and I are working on 1.2. - learning to recognize teacher behavior. We are adapting a Bales interaction analysis instrument to pick up Stage II teacher verbal (and osme nonverbal) behavior. We have not made any attempt to track child response up to now. Two students are observing Diane for about an hour each day. We hope to make an audio tape recording and later on a Video Tape so we can pinpoint the verbal behavior used in Stage II.

The next step will be to study various situations. We will then be able to link teacher behavior with situations which call for a differential use of a given D.T. behavior. The last stage of this learning sequence will be to apply behavior to given children in response to a given situation. Then we will be at 2.0 in our practicum goals - to apply to an individual case what we have learned about the model.

Bonnie led a session Wednesday, February 10 on the use of reflection. We practiced using the reflection technique. We can now use Bale's instrument to pick up that particular D.T. teacher behavior. Our next Wednesday session will focus on situations.

We have shown two Piaget films - illustrating cognitive developmental levels - "Conservation" and "Classification." We will see a film next week which I believe will show what Stage IV children are like. This will give the students a feel for a stage of the model they can seldom observe with children presently at Rutland Center. Finally, I will reshow the "Movigenic Curriculum" model of Ray Barsch, as an approximation of sensori-motor training activities, to give us a feel for the third major system.

February 12, 1971
James W. Cleary

EXC 600
Winter, 1971

GOALS OF PRACTICUM

1. UNDERSTAND D.T. MODEL
so that:

1.1 cite and explain core concepts and links

1.2 recognize teacher behavior

1.3 can differentiate individual and group applications

2. APPLY TO ONE STAGE OF THERAPY

2.1 to individual case, so that:

2.11 can write one objective for each domain, at each curric. areas

2.12 can develop one lesson to achieve objective

2.13 can assess child's response

2.14 can redesign lesson

Chapter Four

VOLUNTEER TRAINING PROGRAM DURING THE PLANNING YEAR

Background

The Athens Junior Assembly, a group of community service oriented women, primarily college graduates, has supported the Rutland Center since its inception as the Mental Health Clinic for Children in 1966. In the past these ladies have given time for transportation, for making lesson plans, curtains and other supportive activities. However, during 1970 it was felt that their talent and skills could be utilized best in a direct service to children. When approached with this idea, they were highly receptive to the possibilities but voiced considerable concern that they might not be competent to handle the children. They were familiar with the behavior problems and the skills required in management.

During 1969-70, with the volunteers as part of the teaching team, they were given ongoing in-service training immediately following each day they worked in the classroom. The volunteer group was organized with a chairman and four members, assigned to work in one of the preschool classrooms. Each member of the group worked one day a week for two and one-half hours in the morning. They were assigned to be the support teacher in team with a Master's level Center teacher and were expected to perform as any other educational therapist. Whenever one of the children in their group was staffed for re-evaluation or program planning, these volunteers participated.

At the end of each daily session, the volunteer, the Project Director, and the lead teacher spent approximately thirty minutes debriefing the session. At this time, they discussed the management techniques, goals for the child and specific ways the volunteers could enhance their own skills. These sessions received unanimous endorsement from the volunteers and from the lead teacher that worked with them. By the end of the 1970 school year, the volunteers showed remarkable skill as therapists in the classroom. During each ten-week treatment period they worked with a different lead teacher and showed that the initial skills which they had been taught were applicable to new situations and with different groups of children. A series of reports of these volunteer meetings, including the volunteers recommendations and suggestions, are found on pages 41, 42 and 43.

Fall Quarter, 1970

At the first meeting in September, 1970, the volunteers reviewed the work of the previous year, discussed the changes in Rutland Center, discussed their training sequences, discussed their new work assignments and recommended reading, viewed films from last year, and discussed skills and techniques needed. The volunteer program for 1970-71 was seen as a more elaborate extension of the previous year's work. During this year, the volunteers were assigned to a different level of the preschool each 10-week period. They worked also with a different teacher during each ten-week

period. From September to December the volunteers contributed 100 hours of service working in Level I classroom. January to March they contributed 150 hours in Level II classroom; and March to June, 123 hours in Level III classroom.

In addition, one volunteer worked as a member of the Infant Program four hours a week at the Public Health Department's Well Baby Clinic.

In addition to working in Level III classroom, the volunteers and staff anticipate extensive evaluating and summarizing of the year's activities. In particular the following questions were raised for year-end evaluation.

1. Does the daily change of faces in part of the teaching team adversely affect the progress of the children?

2. Does the daily change affect different levels differently? Or different children differently?

3. Does the same core of skills taught to the volunteers apply in each level of the preschool?

4. Do volunteers need additional training after the first year?

5. Should the volunteer program extend beyond the group currently participating?

6. Are professional standards of confidentiality and professional conduct maintained by the volunteers?

7. Are there any adverse reactions from parents regarding the use of trained volunteers?

8. Are there any adverse reactions from the professional staff regarding the use of trained volunteers?

In June the staff, parents and volunteers will be asked to respond to these questions and to evaluate qualitatively the volunteer program. From this information, the volunteer training program will be developed for full implementation during September to June of the second year. An additional evaluation of attitudes and classroom skills will be used during the second year.*

*The "Volunteer Attitude Scale" developed by Donald E. Taylor, Director HCEEAA Preschool Project for Developmentally Handicapped Children, Chapel Hill, North Carolina, is one instrument currently being considered.

APPENDIX TO CHAPTER FOUR

VOLUNTEER TRAINING

MENTAL HEALTH CLINIC FOR CHILDREN

VOLUNTEER MEETING

A meeting was held with volunteers on June 1, 1970. The following were present: Lucy Wilson, Eddie Lowe, Pattie Gibson, Betsy Teague, Peggy Wood and Laura Levine. At this meeting the volunteers expressed their feelings about their services at this Clinic. They were in accord with all they had learned and how much they feel they have contributed to the Athens Junior Assembly Volunteer Service. They mentioned the pleasure in receiving the certificates from us presented at the Athens Junior Assembly Annual Luncheon.

As we evaluated the program, they felt in order to achieve optimal learning the following were required:

1. Observation.
2. Imitation.
3. Continuous supervision; they want direction and concrete suggestions.
4. Feedback.
5. Group meetings on monthly basis.
6. To attend staff meetings when one of their children is being staffed.
7. Reading including Ginott's books
8. Team support and feeling a part of the team.

Some of the suggestions made were:

1. To give the new volunteer a chance to observe the old volunteer in the actual working situation.
2. Show the volunteers the films that were taken of the children.
3. Orientation which would involve the following:
   a. discussion of each child stressing what the basic problem is; what the goals are and what the procedures are for reaching the goals.
   b. Familiarizing oneself with the files; but this might best be done after the volunteer has worked with the child.

The things all the women seem to feel were lacking were more supervision, continuous feedback and a desire to be part of a team.

We hope to implement this in the Fall program as we begin again. Mrs. Eddie Lowe will no longer be chairman of the volunteers for this service. Mrs. Ann Hinton will assume the duties of chairman. The same volunteers who have been with us this past year

will continue in the Fall and there will be two additional volunteers.

Date: June 2, 1970 Dictation by: _____

(Mrs.) Laura K. Levine
A.C.S.W.
Coordinator of the Clarke
County Mental Health Clinic
for Children

VOLUNTEER MEETING

Thursday, September 17, 1970
10:00 - 12:00

I. Read report from June meeting.

II. Discuss work assignments.

A. for children.
B. develop a volunteer training program outside of the Athens Junior Assembly.

III. Discuss training sequence.

A. once a month.
B. to be scheduled.

IV. Training session #1.

A. Reading assignments.

1. Between Parent and Child, Haim Ginott.
2. Dibs, Virginia Axline.
3. Conflict in Classrooms, Section 1.

B. View films from last year.

C. Discuss first skills needed.

1. observation and imitation.

a. no need for notes.
b. learn routine and imitate dialogue used by teacher with each child.
c. develop quick reflexes.

V. Discussion of each child in group.

A. goals
B. major techniques
C. major problems

MINUTES OF
VOLUNTEER TRAINING PROGRAM MEETING

Date: March 26, 1971

Present: Dr. Peggy Wood, Patsy McGinnis, Laura Levine, Steve Davis, Ann Hinton, Patti Gibson, Eddie Lowe

Purposes of meeting:

1. To talk about recommendations for training for Spring Quarter;

2. To consider what questions should be asked at the end of the Spring Quarter (evaluation of what the volunteers learned, what are recommendations for volunteer training program for next year, what didn't the volunteers get from the program, etc.)

3. Assignments for this quarter.

Some of the feedback from the three volunteers present indicate that they learned more last quarter because they dealt with "normal children with problems." They felt these children were more advanced than the group they worked with last year, and they could see things with these children that they hadn't with children in a lower level class. They could see how they communicated and when they were being manipulative. Mentally it was a harder group to handle but physically it was easier.

Suggestions for this quarter:

1. Need to know the pattern to follow when a child has to be removed from the room.

2. Observing really helps. Suggestion made to observe first 30 minutes each day if a student is available to help in the classroom. Steve Davis will observe with volunteer.

3. The question was raised as to whether a volunteer should be with the same group longer than one quarter.

It was felt that with this group of children this quarter, there is a real need to work on techniques to be used with them. Observation was thought to be a real help in this area as the teacher can mention many techniques while they are observing the class. Barbara Reid might be able to go and help with work time so that Steve Davis can observe with volunteer.

There was a need felt for a training session once a month and the first one will take place on Friday, April 30th, from 10:30 a.m. to 12:00 noon.

Dr. Wood suggested that some helpful reading on management techniques with individual children could be found in "Conflict in the Classroom," pages 363-374. Some additional reading which could be applied to the group is found at pages 374-382.

Dr. Wood then went over the stages of Developmental Therapy and stated that this quarter this group will be mainly at Level III. A lot of decision making will go on with this group, and the Redl techniques are important and helpful. The life space interview will also be very important to teach the child to talk it out instead of acting it out.

Slides were then shown from Classroom B where the volunteers had taught, and theories discussed. Slides were then shown of the children in Classroom C where the volunteers will be teaching.

The individual children in this group are:

L. A., age 7.4, whose problems are delayed development, smallest child, language difficulty; he manipulates by ignoring and when he is out of touch; the main technique to be used with him is to reinforce structure.

S. B., age 8, who is passive-aggressive, withdrawn to see if you will provide limits, still testing (Stage II); technique to be used is to encourage movement, redirect, teacher can say "What happened?" or "What's going on?" - major focus is to get him to use words to express feelings.

M. C., age 7.2, all-boy type; active; beginning to see others in the group as valuable; is trying to help Steffon; does some testing; Behavior, Stage III; Communication, Stages III-IV; Socialization, Stages III-IV; School Readiness, Stage III.

D. D., age 8.4, an actor; he will test but he is not involved in the testing; must be direct and realistic with him. Behavior, Stage III; Communication, Stage III; Socialization, Stages III-IV; School Readiness, Stage III.

The group as a whole is important at this level; control and management of the group via the rest of the group. The therapists are not the controllers but the reflectors of success. They must be positive by encouraging and motivating. Let the children handle situations as much as they can. The focus is on the group so that they learn to rely on each other.

Chapter Five

PARAPROFESSIONAL TRAINING DURING THE PLANNING YEAR

Through the donation of a scholarship by a local citizen, one 18 year old high school graduate was accepted as a paraprofessional trainee on a pilot basis, September to December, and became a full time salaried staff member January to Jun . She was interviewed by members of the Central Staff and seen to have many personal characteristics desirable for a paraprofessional trainee including: warmth with children, spontaniety, sensitivity, an interest in learning classroom skills and an openess toward adults.

In the original proposal, no paraprofessionals were to be employed the first year. However, this one trainee provided an excellent test of the paraprofessional training model outlined in the original proposal. See page 49 for the project sequences. This trainee has moved through these phases of training including office work (phase 1); working in the classroom as part of the therapeutic team (phase 2); and family visits for neighborhood followthrough (phase 3). She will be employed to assist the staff in the actual paraprofessional training program during the second grant year.

Negotiations were conducted to obtain the services of a manpower training consultant to complete the Paraprofessional Training Program. Dr. Robert Teare, Department of Management, University of Georgia, met with the Project Director to formulate an approach to the preparation of the final training packet. Final planning for the first year included negotiations with model cities for recruitment and training stipends for the second year.

APPENDIX TO CHAPTER FIVE

PARAPROFESSIONAL TRAINING

PARAPROFESSIONAL
33 WEEK TRAINING PROGRAM
PARTICIPATION FLOW CHART

Community Contact & Recruitment
retired men
unemployed
underemployed
parents of Clinic children
Staff: Director of Training & Assistant Director

Enrollment and Screening
Staff: Director of Training & Assistant Director; Director of Evaluation

Three Week Orientation
Center objectives & processes
Job dimensions
Group sensitivity
Child development
Staff: All center staff and consultants

Is Enrollee Ready? — yes → Job Training Placement
no ↓

Needs extended orientation? — no ↓

Needs health habilitation? — yes → Public Health Services
no ↓

Needs personal counseling? — yes → Community Counseling Resources
no ↓

Needs work skills or Job Counseling? — yes → Vocational Rehabilitation
yes ↓

State Employment Agency

Level I Center's Supportive Staff: weeks, n=6
Reception (1)
1st floor custodian (1)
2nd floor custodian (1)
Yard/play ground cus. (1)
Materials & Supplies Clerk (1)

Level II Center Classroom Teams: 10 weeks, n=6
2-3 yr. olds (2)
3-4 yr. olds (2)
4-5 yr. olds (2)

Level III Neighborhood Teams: 10 weeks, n=6
e.g. 0-1 yr. olds (2)
1-2 yr. olds (2)
2 Asst. to Well Baby Clinic (2)

Certifications of Program Completion
A. "Assistant, Child Care Worker"
B. "Independent Child Care Worker"
C. "Leadership Child Care Worker"

Job Placement
Child care worker at residential institution
Private nursery school or child care position
Public agency day child care position
Public school position
Non-working parent
Adult basic Ed. class
Vo. & Tech. high school
High school equivalency

Chapter Six

PARENT TRAINING DURING THE PLANNING YEAR

One pilot parent training program was undertaken to explore possible strategies for parent training (beyond the usual case work, counseling and observation parents can do watching the therapeutic class in the observation room with a staff monitor or social worker.) An important staff decision was made in this regard. Parents were NOT to be trained as ASSISTANTS or AIDES. The staff felt that this puts the child in conflict between allegiance to parent and educational therapist. Perhaps this is a problem unique to the emotionally disturbed area. The staff did not approve of fostering the idea that the parent was of lesser importance than the therapist. The initial parent training sequences offered at the Center, therefore, were planned around the idea of the parent as the key, lead teacher and the therapist as a "facilitator" or supportive person, to back up the parent.

A test case involved two-year old twins. A two-pronged approach was used:

(1) for the parents to learn clinic techniques by participation in the classroom in team with a staff teacher with the social worker observing, and

(2) for the parents to work with the social worker using "needs providing", problem solving or conflict resolution to effect therapeutic changes in parent attitudes and feelings.

Process notes were kept both by the educational therapist and the social worker. These notes were used as points of contact in

the therapy sessions with the social worker; and the coordination between the two services was efficiently accomplished and the case successfully terminated after 18 sessions. The staff involved in planning this trial program felt that this procedure would work for some parents and not for others.

In January, a second approach to parent training was taken. Home visits by the social worker and educational therapist were conducted during Winter Quarter. Process notes again were kept and anchor cases studied to determine parental responses. It appeared difficult to predict which parents responded best to "training" at the Center, which parents need coulseling or treatment, and which parents benefited from home visits. This issue was explored in weekly social work meetings with Dr. David L. Levine, consultant from the Graduate School of Social Work, University of Georgia and with consultation from Miss Frances McGrath, Associate Professor Department of Pediatrics (Social Work), University of Miami Medical School, Mailman Child Development Center, University of Miami.

A total of 55 hours was spent by the staff of the social work component, the consultant and project director in developing a skeletal structure for an array of services to parents, including parent training at the Center and at home, which was a unique translation of social work services into the psychoeducational center model. During the final months of the planning year, this structure was tested by reviewing actual process notes and anchor cases of work with the parents of the children served during the planning

year. From this empirical approach, it is hoped that providing parent training and other parent services will be more clearly seen on an individual needs basis.

The UTP designed for all staff will be modified for parent training during the summer after the full parent's service needs have been assessed.

A number of parent attitude scales were investigated during the planning year but none were completely satisfactory for the purposes of this project. However, instruments and procedures for evaluation of the parent service component are scheduled for completion by the end of the planning year.*

*The sequences of parent training used by the Inner City HCEEAA Project, Mrs. Paquita Roberts, Director and the sequences used by the BKR Project present highly reliable models for adaptation.

APPENDIX TO CHAPTER SIX

PARENT TRAINING

2/8/71

RUTLAND CENTER
SERVICE TO PARENTS - FAMILIES

TYPE OF SERVICE	LOCATION OF SERVICE	INDIVIDUAL/ GROUP
1. Initial Referral and Intake Service a. advocacy - intervener b. needs providing c. reporting information d. establish nature of future contacts	*Center Home School	Individual
2. Information, Feedback Conferences a. child development information b. test interpretation c. communication of treatment program and child's progress at Center	*Center ←----------→ School Home	Individual/ Group
3. Parental Role Support a. management of child b. relationship with child	*Center *Home	Individual/ Group
4. Crisis Intervention a. process b. reactive	*Center Home School	Individual
5. Parent Counseling a. Interpersonal (1) marriage counseling (2) family counseling b. Intrapsychic	*Center Home	Individual/ Group
6.Family Follow-through	*Center Home	Individual/ Family
7. Neighborhood Follow-through	School Neighborhood Community agencies	

*Preferred location

November 1, 1970
Rutland Center
Preschool Project

Bi-Monthly
Component Report

NEIGHBORHOOD FOLLOWTHROUGH COMPONENT
September 1 - November 1, 1970

During this planning period the Neighborhood Followthrough pro ram has been implemented by the recruitment of staff and the clarification of lines of authority. Barbara Brown Redding, a University of Georgia School of Social Work M.S.W. graduate of 1969, joined the staff in September. The Social Work Consultant for this program was "secured"; that is the funds for the purchase of his released time from the University of Georgia, School of Social Work did come through in late September, informal agreements were firm but required this process of legitimitization. Mrs. Redding is a long time resident of the Athens community. She has taught in the local school system and is a resident of the Model Neighborhood. Her responsibilities are to the Clinic Coordinator who also serves as the Clinic's Director of Social Services. She is employed by the State Project for the Neighborhood Followthrough program at Rutland Center and works under the direction of the Clinic Director with consultation available via the neighborhood followthrough coordinator, Dr. Levine.

The nature of this planning stage has been to identify scope and processes of work. A major re-definition of scope resulted from the work of the team of Evaluations Consultants. Working with operational staff the Evaluations Consultants produced a services flow chart which denotes the central mission of the clinic as "The Psychoeducational Treatment Program." This purpose is implemented by two distinct but reciprocating structures: Neighborhood Followthrough and Center Treatment. The division reflects the nature of functions in relation to the target group served rather than a differentiation on the basis of skills. Thus, these divisions could be roughly associated with in-community service and intervention on one hand and in-house treatment on the other hand. The former consisting of the activities clustered around a so 'al work approach relating to families of children in treatment, communities in which these children live, and the enveloping network of institutional structures and services that operate in the ecological setting in which these children live.

The latter provides direct service to the emotionally disturbed child or his parent.

The Social Work staff intake process may be considered the initial linkage of child and family in the environment with the Rutland Center and its services. The several components that focus on activity with the child's family (during the stages leading to, within and after direct treatment) may be considered intervention into the family environment. While all professional components of the Center view the family as a significant system, each has a different perspective. The intake process serves to delineate the areas of malfunction in the child's behavior and the possible dysfunctional in-puts of the family are located.

The Neighborhood Followthrough Program has been partialized into seven elements.

Parent Conference
Parent Counseling
Regular Teacher Conferences
School Liaison Work
Neighborhood Conferences
Parent-Paraprofessional Training
Other Agency Support

The areas of overlap within these elements cannot be worked out if our activity is limited exclusively to the child from birth to three since the cases will be so few. The total activity of the Center, therefore, will be used to provide a sense of structuring during the initial phases. Once a basis for structuring has been achieved, the problem of boundaries and roles will be considered. Initial thrust is to acquire sense of identification with the nature of the service as it relates to the community.

Regular teacher conferences: That activity that is the continuing link between parent and psychoeducational teacher. The intent surrounding the activity is to enable a free relationship between parent and teacher. The Neighborhood Followthrough social worker is available as a bridge to enable teacher and parent to communicate with each other concerning the child. It may well be too, that in some instances the Neighborhood Followthrough worker's role will be to help the parent integrate the results of the parent-teacher conference exchange.

Neighborhood Conferences: These may well turn out to be related to enabling the parent(s) to cope with the realities (and hazards) of neighborhood institutions in the neighborhood that are dysfunctional for child life. This opens up the relationship between focused clinical activity and consultation to the wider community.

It is in this context that work with other agencies and institutions will be undertaken. Here the activities of referral and coordination of services for specific treatment plans - traditional social work functions - go hand in hand with the notions of

prevention and the consultation.

Paraprofessional-parent training is one of the most challenging areas of the project. Training for parenting roles will be one of its purposes - the acquisition by parents of "workable" techniques demonstrated by the teacher. The implications of such training for family life and child development rate further study.

These services are evolving and will reflect the integral part of Neighborhood Followthrough overall.

Activities: During orientation week, the Social Work Consultant met twice with staff of two components: With administrative and Central staff the notion of the neighborhood as environment was advanced; i.e., all social realities that "surround" the direct interaction of the Center Treatment Program may be considered environment. In the medium of staff discussion, the Neighborhood Files were created to facilitate the Neighborhood Followthrough. Contacts of Clinic personnel in a given neighborhood will be noted in a Neighborhood File so that information regarding background data as well as current activity may be available. Coordination of information is the primary purpose of this exchange. Eventually this may develop into a community profile or behavioral setting description. The organization and maintenance of these files will be the responsibility of the Neighborhood Followthrough Program. Included in each File will be the significant community contacts. Initially this information will be compiled on the schools that the teachers visit.

The Neighborhood Followthrough Social Worker made contact with the following agencies for the dual purpose of finding out about existing community resources and creating awareness of and disseminating information re: Rutland Center.

4 C's - Concentrated Coordinated Child Care
Model Cities
Action, Inc.
Athens Council of Human Relations

The Neighborhood Followthrough Social Worker, Mrs. Redding, and the Educational Field Instructor, Mrs. Bolster, presented information and answered questions about Rutland Center at the following elementary schools:

Barrow Elementary	West Broad
Barnett Shoals	Oglethorpe
Oconee Street	East Athens
Gaines School	Whitehead Road
Gowler Drive	North Athens

These presentations were arranged through the School Systems Coordinator of Special Education, Mr. Doug Carmichael.

The following child care centers were contacted to gain information re: Preschool children enrolled in on-going program at Rutland Center:

North Pope Street Head Start Program
Child's Street Head Start Program
College Avenue Preschool Program

According to the Summary Time chart, we should be entering the fifth week of our initial "Ten Week Pilot Class". While considerable initial preparation and movement has been generated, it is necessary to examine some of the choices and options open to us.

1. Need for systematic communication.
   a) fixed conference time of social work and followthrough staff
   b) definition of purpose and scope of coordination

2. Conference of Project Director, Clinic Director and Dean of Social Work, Director of Field Instruction and Project's Social Work Consultant.

   Goals:
   a) brief statement of social work potentials in training and service
   b) identification of time notches
   c) specification of requirements necessary to support initial field unit of 3-6 second year students by July 1971 and 4-8 first year students by December 1971.

3. Tie-in of community impact in possible family-life education and health functions.

4. Identification of current learning opportunities and capacities of Mental Health Clinic for social work students and social work technicians in other work training units in Clarke County, e.g., Mental Retardation, Public Family and Children's Services, Legal aid.

David L. Levine, Ph.D.
Laura K. Levine, A.C.S.W.
Barbara Redding, M.S.W.
Marilyn Galewski, M.S.W.

MEMORANDUM

TO: Dr. David Levine
Dr. Mary M. Wood
Mrs. Laura Levine, A.C.S.W.
Mrs. Marilyn Galewski, M.S.W.
Miss Jane Anker, A.C.S.W.

From: Mrs. Barbara Redding, M.S.W.

Re: Neighborhood Follow-Through and Social Service Component Meeting of April 12, 1971

Reference was made to case material to illuminate four parent typologies and three levels of intervention.

Directions were given in terms of preparation of said case material. Briefly these are:

1. Look at gestalt and include all activity.
2. Establish overall goals then limit appropriately.
3. Determine service requirements.
4. Identify and place boundaries around dysfunction.
5. Identify level of functioning.
6. Determine social work activity around other components at Rutland Center (i.e., monitoring medication, etc.)
7. Determine how family members seek to use resources for each other and especially for the "troubled child."
8. Determine episode of service (i.e., achievement of goal and establishment of other goals).